

GROUP REGISTRATION FORM



January 15-21, 2022

Hilton Waikoloa Village • Hawaii's Big Island

Physician Contact Information: Comprehensive Program Retina Program

First Name _____ Last Name _____ Suffix _____ Degree _____

Address _____

City _____ State _____ Postal Code _____ Country _____ Phone _____

Email (for confirmation, hotel and CME evaluation purposes) _____ Year of Medical School Graduation _____

Profession:

- Physician Resident
- Physician Assistant Other: _____

Primary Specialty:

- Ophthalmology
- Other: _____

Subspecialty/Area of Interest:

- Cataract surgery Glaucoma Pediatrics/Strabismus
- Contact lenses Neurosciences Refractive surgery
- Cornea/External disease Oculoplastics Retina/Vitreous sciences
- General ophthalmology Optics Other: _____

You must provide a name and unique email for each nurse/administrator attendee:

Name	Email	Program (circle one)
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator
_____	_____	Nurse / Administrator

REGISTRATION	PAYMENT
<p>Groups of 3+ save \$450 per nurse or administrator! <i>All staff must be from the same practice; one physician must register with two or more nurses/administrators to receive the discounted nurse/administrator rates below.</i></p> <p>_____ Total Number of Physicians (minimum 1)</p> <p><input type="checkbox"/> US \$1,480 + Hawaii excise tax = \$1,549.74 (deadline 7/30/21)</p> <p><input type="checkbox"/> US \$1,530 + Hawaii excise tax = \$1,602.09 (deadline 9/30/21)</p> <p><input type="checkbox"/> US \$1,630 + Hawaii excise tax = \$1,706.81 (deadline 11/30/21)</p> <p>_____ Total Number of Nurses or Administrators (minimum 2)</p> <p><input type="checkbox"/> US \$615 + Hawaii Excise Tax = \$643.98</p> <p>TOTAL \$ _____</p>	<p>Please send this form and call us with payment information:</p> <p>Meeting Registration 1-877-307-5225 x219/x476 (Monday-Friday, 9-5 ET)</p> <p>Fax this form to: 856-251-0278</p> <p>Email this form to: registration@Healiolive.com</p>

Meeting Registration Refunds: Requests for refunds must be submitted writing to registration@Healiolive.com by 1/3/22; a service fee of \$200 for physicians and \$100 for all other categories will apply. Requests received after this date will be ineligible for refunds. In the event the meeting is canceled, you will receive a 100% refund on your meeting registration fee.

Hotel Reservations: The meeting cannot guarantee room availability or room type. Please make sure each attendees' email is filled out and legible on this form.

ADA Compliance: We will make all reasonable efforts to accommodate persons with disabilities if your request is made at least 30 days in advance by calling 856-848-1712 ext. 219 or ext. 476.

Federal ID #: 27-4318741